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Apr 14, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P30096

1. Corporation Name
THE TORRINGTON COMPANY



Principal Place of Business Mailing Address
59 FIELD STREET 59 FIELD STREET
TORRINGTON CT 06790 TORRINGTON CT 06790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/05/1990

4. FEI Number Applied For
06-0564725 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *A* DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. NIXON, ALLEN M.	1.2 NAME	
STREET ADDRESS	52 DANIEL TRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON CT	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V. KELLEHER, GEORGE R.	2.2 NAME	
STREET ADDRESS	RFD #2, NILES ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTED CT	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S. BOYD, ROBERT T.	3.2 NAME	
STREET ADDRESS	8 MULBERRY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON CT	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V. JOHNSON, FRANK C.	4.2 NAME	
STREET ADDRESS	117 FOX DEN	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVON CT	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V. TOUPIN, GERARD A.	5.2 NAME	
STREET ADDRESS	17 AUTUMN LEAVES RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WALLINGFORD CT	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V. BURROUGHS, JAMES S.	6.2 NAME	
STREET ADDRESS	25 OLD MILL ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLLINSVILLE CT	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris* **Robert T. Boyd** Secretary **4/7/99** (860) 626-3265
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)